



## Business Name Search

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### Business Entity Data

07-18-2012  
15:57

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
862783-98	DLLC	ACT	OREGON	06-12-2012	06-12-2013	
Entity Name	SANUS LLC					
Foreign Name						

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### Associated Names

Please click [here](#) for general information about registered agents and service of process.

Type	AGT	REGISTERED AGENT		Start Date	06-12-2012	Resign Date	
Name	CHARLES	A	SIDES				
Addr 1	245 13TH ST NE						
Addr 2							
CSZ	SALEM	OR	97301		Country	UNITED STATES OF AMERICA	

Type	MAL	MAILING ADDRESS				
Addr 1	PO BOX 2087					
Addr 2						
CSZ	SALEM	OR	97308		Country	UNITED STATES OF AMERICA

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### Name History

Business Entity Name	Name Type	Name Status	Start Date	End Date
SANUS LLC	EN	CUR	06-12-2012	

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### Summary History

Image Available	Action	Transaction Date	Effective Date	<a href="#">Status</a>	Name/Agent Change	Dissolved By
	ARTICLES OF ORGANIZATION	06-12-2012		FI	Agent	

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# Articles of Organization - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> Phone: 503-754-86-2200

**FILED**

**JUN 12 2012**

REGISTRY NUMBER: 862783-98

**OREGON  
SECRETARY OF STATE**

In accordance with Oregon Revised Statute 192.410-192.490, all information on this form is publicly available, including addresses.

We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

1) **NAME OF LIMITED LIABILITY COMPANY:** (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

SANUS LLC

2) **DURATION:** (Please check one.)

☐ Latest date upon which the Limited Liability Company is to  
dissolve is \_\_\_\_\_

☒ Duration shall be perpetual.

3) **REGISTERED AGENT:** (Individual or entity that will accept legal service for this business)

CHARLES A. SIDES

4) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:** (Must be an Oregon Street Address, which is identical to the registered agent's business office.)

245 13TH STREET NE

SALEM, OR 97301

5) **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**

PO BOX 2087

SALEM, OR 97308

6) **NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS: (ORGANIZER)**

Charles A. Sides, 245 13th Street NE, Salem, OR 97301

7) **HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?**

☒ This LLC will be member-managed by one or more members.

☐ This LLC will be manager-managed by one or more managers.

8) **IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED:**

9) **OPTIONAL PROVISIONS:** (Attach a separate sheet if necessary.) ☐

**INDEMNIFICATION:** ☒ The company elects to indemnify its members, managers, employees, agents for liability and related expenses under ORS 63.160.

## (OPTIONAL) LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES

10) **OWNERS: (MEMBERS)** (Names and Street address)

11) **MANAGERS: (MANAGERS)** (Names and Street address)

12) **EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Organizer)** (The title for each signer must be "Organizer.")

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature: 

Printed Name:

Charles A. Sides

Title:

Organizer

Organizer

Organizer

**CONTACT NAME:** (To resolve questions with this filing.)

Charles A. Sides

Required Processing Fee \$100

single Fees are nonrefundable. Please make check payable to "Corporation Division."

opies are available at [FilingInOregon.com](http://FilingInOregon.com), using the Business Name Search program.

**PHONE NUM**

503-588-

**SANUS LLC**



86278398-13580645

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